Arizona Department of Health Services

Screening Form to Determine History of Chickenpox (Varicella) Disease

ADHS Var 6/05

Student Name: _____ **Date of Birth**: _____

School Name: _____ **Grade**: _____

Parent/Guardian Name (please print): _____

Address: _____

Telephone Number (where you can be reached during the day): _____

If your child saw a doctor for a rash that the doctor said was chickenpox, please fill out this box.

Doctor's Name: _____

Approximate Date of the Doctor Visit: Month:_____ Year: _____

Parent/Guardian Signature: _____Date: _____

If you filled out this box then your child will not need to get the chickenpox vaccine for school admission. Present this to the school nurse as proof of chickenpox disease.

If you think your child had chickenpox even though he or she was not taken to the doctor, please fill out this box.

Approximate Date of Illness: Month:_____ Year: _____

Did your child have a rash on his/her body for 3 or more days? ☐Yes ☐ No ☐ Don't Know

Did the rash have blisters? ☐ Yes ☐ No ☐ Don't Know

Did the blisters itch? ☐ Yes ☐ No ☐ Don't Know

Did the blisters turn into scabs ☐ Yes ☐ No ☐ Don't Know

Parent/Guardian Signature: _____ Date: _____

If you answered "Yes" all the questions in this box then your child will not need the chickenpox vaccine for admission to school. Present this to the school nurse as proof that your child already had chickenpox.

If you answered "No" or "Don't Know" to any of the questions in this box, then your child will need the chickenpox vaccine for school admission.